

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	10215	4-5-61
O.I.P.E. CLASSIFIER	W.H.	10015	4-5-61
FORMALITY REVIEW	W.H.	10015	8-7-60
RESPONSE FORMALITY REVIEW	W.H.	10015	8-7-60

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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